

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L 99000004415**

1. Entity Name

**Archer Mini Storage LLC**

FILED

01 JAN 22 PM 2:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

**402 West Highway 24  
Archer, FL 32618**

Mailing Address

**PO Box 89  
Archer, FL 32618**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3591430**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Smith, Ray D.  
402 West Highway 24  
Archer, FL 32618**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!!-FEE IS \$50.00-  
Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS

TITLE ☐ Delete  
NAME **mgr**  
STREET ADDRESS **Smith, Ray D**  
CITY-ST-ZIP **402 West Highway 24  
Archer FL 32618**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

10. ADDITIONS / CHANGES

☐ Change ☐ Addition  
**700003582477--3**  
**-01/26/01--01141--021**  
**\*\*\*\*\*50.00 \*\*\*\*\*50.00**

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**Ray D. Smith**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**1-18-01 352 485 7221**

Date

Daytime Phone #

CR2E083 (11/00)